

No. 22, 5

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 51*

Office of Registrar of Vital Statistics.

Ward *7*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased. If requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 28 - 1887*Full Name of Deceased, *Mary Peel*
Write legibly and spell correctly. If an Infant not named, give names of parents.Sex, Male or Female, *female*
Cross out the word not required in this line.Age, *22* Years,Months, *11*Days, *1*Color, *Mulatto*Married, Single, Widow or Widower, *Married*
Cross out the words not required in this line.Occupation, *Domestic*Birth Place, *Anne arundel Co. Md.*
State or country, and how long in the United States, if of foreign birth.Duration of Residence in the City of Baltimore, *11 yrs.*Place of Death, *1102 Douglass st.*
Give Street and Number.Cause of Death, *Bright Disease*
First (Primary),
Second (Immediate),Duration of Last Sickness, *5 weeks (chronic)*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*Date of Burial, *May 30 1887*Undertaker, *Alex Hensley*Place of Business, *561 Orchard St.*Address, *409 St. Peter St.*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 52 Office of Registrar of Vital Statistics. Ward 18.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28

Full Name of Deceased, Susan B. Davis
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 6 Years, 7 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, Widow
{ Cross out the words not required in this line. }

Occupation, Factory Girl, Md

Birth Place, 7 weeks
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 126 W. Cross st

Place of Death, Morbili
{ Give Street and Number. }

Cause of Death, Apnoea
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laundenpark Cem

Date of Burial, May 30th 1887

Undertaker, Valius K. Keller R. P. Ellis M. D.

Place of Business, Sharp Cross Address, 910 Light

From Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the person attending during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as known, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 53 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th May

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Wood

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 15 Years, 15 Months, Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1627 Revere St

Cause of Death, { First (Primary), Second (Immediate), } meningitis (Tubercular)
Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 28 1887

Undertaker, William D. Dwyer J. M. Huntley M. D. Medical Attendant.

Place of Business, 150 East 4th Address, 1002 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. *254* Office of Registrar of Vital Statistics.

Ward *7*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 28th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Henry David Gueth

Sex, Male or Female,

{ Cross out the word not required in this line.

male (Henry D. Gueth)

Age,

20 Years,

10 Months,

11 Days

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

single

Occupation,

Shoemaker

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Balt

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number.

728 W. Caroline St

Cause of Death,

{ First (Primary),

Pulmonary Hemorrhage

{ Second (Immediate),

Exhaustion

Duration of Last Sickness,

9 days.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 30th

{ Undertaker,

Geoschilling

Irving Miller

M. D.

Medical Attendant.

{ Place of Business,

Arkland Square

Address, *1207 E. Monument St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

255

Office of Registrar of Vital Statistics.

Ward

16
15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fluence May Tilman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

female

Age, Years,

7

Months,

Days.

Color,

colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

325 Henrietta St.

Cause of Death, { First (Primary), Second (Immediate), }

Chorea Infantum

Duration of Last Sickness,

4 Days

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St cemetery

Date of Burial,

May 30 / 87

{ Undertaker,

H. Ross

{ Place of Business,

Address,

James A. Stearns M. D.
Medical Attendant.
Cough & Co

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. C. Seward, J. S.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *256* Office of Registrar of Vital Statistics. Ward *8*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 27th 1887*

Full Name of Deceased, *Winifred Murray*

Sex, *Male* or Female, *Male*

Age, *27* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, *Widow* or *Widower*, _____

Occupation, _____

Birth Place, *Ireland*

Duration of Residence in the City of Baltimore, *6* Years

Place of Death, *189 Chestnut St*

Cause of Death, *Cerebral faciae hemiplegia*
Glossopharyngeal Paralysis

Duration of Last Sickness, *12 days*

Place of Burial, *Texas Balto Co Md*

Date of Burial, *May 29th*

Undertaker, *H. C. Wiedefeld*

Place of Business, *916 Green Mt Ave*

Address, *711 N. Calvert St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

Transit 4695

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A. 57*

Office of Registrar of Vital Statistics.

Ward *8*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 29th 1887*

Full Name of Deceased, *Grace Pragos* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Female* or ~~Male~~ { Cross out the word not required in this line. }

Age, *78* Years, _____ Months, _____ Days

Color, *Colored*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, *Annapolis Md* { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Don't know*

Place of Death, *Met. Little Sisters of the Poor* { Give Street and Number. }

Cause of Death, *General debility -*
two or three months { First (Primary), Second (Immediate), }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross*

Date of Burial, *May 30th*

Undertaker, *Wm B Rod Kamp*

Place of Business, *1 Lombard St* Address, _____

Ans Brooke Beyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 58

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1887

Full Name of Deceased, William Myers
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Min. Street

Birth Place, Paato.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Six months

Place of Death, { Give Street and Number. } 123 N Liberty St

Cause of Death, { First (Primary), Second (Immediate), } Accidental
Overdose of Laudanum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 29th 1887

Undertaker, Sam's Mitchell

Place of Business, 350 W Fayette St Address, —

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 259 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Smith.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 5 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 11 House's Court

Cause of Death, { First (Primary), Second (Immediate), } Dysentery

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, May 29th

{ Undertaker, Herclus Ross } J. R. White M. D. Medical Attendant.

{ Place of Business, 404 Conway } Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is ~~drawn~~ invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 60**

Office of Registrar of Vital Statistics.

Ward **9 $\frac{1}{4}$**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **29th May, 1887.**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **William Sigourney**

Sex, **Male** or ~~Female~~, { Cross out the word not required in this line. }

Age, **5 $\frac{1}{2}$** Years, **three (3)** Months, Days

Color, **White**

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, **School Child**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore City**

Duration of Residence in the City of Baltimore, **Life-time**

Place of Death, { Give Street and Number. } **No 13th & Franklin Sh. Baltimore**

Cause of Death, { First (Primary), Second (Immediate), } **Scarlet fever.**
Anginose Scarlet fever

Duration of Last Sickness, **one week**

All the above information should be furnished by the Physician.

Place of Burial, **Green Mount**

Date of Burial, **May 30th 1887**

Undertaker, **H W Jenkins & Sons**

Place of Business, **Park & Saratoga**

W C Van Bibber M. D.
Medical Attendant.

Address, **26th & Franklin Sh.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]